This portion MUST he returned with your payment to ensure proper credit. THANK YOU

| ACCOUNT BILLED | d Y | PROJECT NAME | | PROJECT ID |
|--|------------|--|-------------------|-------------|
| NEPHI SANDSTONE CORP | | CEDAR SPRINGS | | M230059 |
| DUE DATE ANNUAL FEE | AMOUNT DUE | FEE NOT ENCLOSED | Change of Ac | ddress |
| 07/25/2003 \$ 500 \$ 500 TAX ID OR SOCIAL SECURITY # | | Permittee requests an inspection to close out this permit. | Contact | ECEIVED |
| TAX ID ON GOODLE GEO. | 3 | out this permit. | Address | JG 2 5 2003 |
| DIVISION OF OIL GAS AND MINING 1594 WEST NORTH TEMPLE SUITE 1210 PO BOX 145801 | | E-Mail Address | OIL, GAS & MINING | |
| SALT LAKE CITY UT 84114-5801 | | | Phone | |

Please make check payable to:
Division of Oil, Gas and Mining